

**APPLICATION FOR RENEWAL OF A MICHIGAN
PRELIMINARY SCHOOL PSYCHOLOGIST CERTIFICATE**

NOTE: This form is to be used **ONLY** if the applicant does not meet requirements for a Michigan school psychologist certificate and has completed six additional semester hours of credit at an approved out-of-state university since the issuance of his/her Michigan preliminary school psychologist certificate. **DO NOT** use this form if renewal credits were completed at a Michigan university. Candidates who completed renewal credits for the preliminary school psychologist certificate at a Michigan university must apply directly to that Michigan university to be recommended for the renewal.

GENERAL INSTRUCTIONS:

- Complete all sections of the application form. **PLEASE PRINT OR TYPE.**
- Enclose a copy of your Michigan preliminary school psychologist certificate.
- Enclose **OFFICIAL** transcripts from the university where you completed the six additional semester hours of credit required to renew the preliminary school psychologist certificate.
- If your name has changed since your preliminary school psychologist certificate was issued, enclose a copy of your marriage license, divorce decree, or name change decree.
- Upon receipt of your application, you will be billed \$125.00. **The fee is for the application evaluation process and is non-refundable. DO NOT SEND PAYMENT WITH THE APPLICATION FORM.**
- Your credentials will be evaluated after your completed application form and application evaluation fee is received.

MAILING INSTRUCTIONS: Mail the completed application form, along with the required documentation, to the address indicated above.

APPLICANT INFORMATION

SOCIAL SECURITY NUMBER		DATE OF BIRTH	MONTH	DAY	YEAR	GENDER
						<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME	Last	First	Middle	Maiden	TELEPHONE NUMBER	
						()
ADDRESS	Street	City	State	Zip Code		

DEGREE INFORMATION

Type of Degree	Name of Degree Granting Institution	Year Degree Conferred
Bachelor's		
Master's		
Specialist's		
Ph.D./Ed.D.		
Renewal Credit		Date Completed:

CONVICTION/REVOCATION INFORMATION (If you answer "yes" to any of the following questions, please provide a detailed description of the circumstances surrounding the conviction or action and attach copies of court documents, if applicable.)

Have you ever been convicted of (or pleaded no contest to) a misdemeanor or felony? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a teaching/school counselor/school psychologist certificate suspended or revoked? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently action pending against your teaching/school counselor/school psychologist certificate? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever surrendered a teaching/school counselor/school psychologist certificate? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S SIGNATURE _____ **DATE** _____

-DO NOT WRITE BELOW THIS LINE-

Institution _____ Date Renewal Credit Completed _____

Fee Paid \$ _____ Approved By _____ Date Approved _____